

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 872

CERTIFICATE OF DEATH

Reg. Dist. No. 12172 190

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 39 yrs

Hospital, institution, or street address where death occurred:

6214 Old Washington Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 6214 Old Wash Rd

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Herbert Wardell Brundrett

3. (b) Social Security Number

210-10-2267

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Emma Alberta WilburBrundrett

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age 68 years

8. AGE:

Years 79 Months 5 Days 6 If less than one day

9. Birthplace

England
(Town, county, and state)

10. Usual occupation

Pattern maker

11. Industry or business

Retired

12. Name

John E. Brundrett

13. Birthplace

England

14. Maiden name

Mary Ann Patton

15. Birthplace

England

16. Informant

Wm. J. Tickner & Sons

Address

6214 Old Wash Rd Elkridge

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/16/46

Cemetery or crematory

Meadowridge

Location

Elkridge, Md.

18. Funeral director

Wm. J. Tickner & Sons

Address

North & Pa. Aves

19. 12/13

(Date rec'd by registrar)

19. 46

A. H. Friedrich

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1946 at 8 a M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 25 1946 to Dec 12 1946and that I last saw him alive on Dec 11 1946Immediate cause of death ApoplexyCerebral hemorrhageSenile arteriosclerosisDue to SenilityDue to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. H. Friedrich

M. D. or other

Address 1809 2nd StDate signed 12/13/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 1950

1. PLACE OF DEATH:

County... HowardCity or town... Savage
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... HowardCity or town... Savage
(If outside city or town limits, write RURAL and give nearest town)Street No... Baltimore Ave
(If rural, give LOCATION)2.(a) If veteran, name war... none

3. (a) FULL NAME

John Adolphus Bussey

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband or wife... Mary S. Walker

7. Birth date of deceased (mo., day, yr.)

June 24/1888

8. AGE: Years Months Days If less than one day

78 6 1 hrs. min.

9. Birthplace

Savage Md
(Town, county, and state)

10. Usual occupation

Machinist

11. Industry or business

Retired

12. Name

William Bussey

13. Birthplace

West River Md

14. Maiden name

Martha Tucker

15. Birthplace

Maryland

16. Informant

Mrs. Samuel B. Bussey

Address

Savage Md

17. (Burial, cremation, or removal) Which?

Burial

Date thereof (month) (day) (year)

Dec 27/1946

Cemetery or crematory

Savage Md

Location

Savage Md

18. Funeral director

Arthur J. Dwyer

Address

Savage Md

19. (Signature of Registrar)

Frank Shipley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 25 1946 at 12:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 12 1946 to Dec 25 1946and that I last saw him alive on Dec 24 1946

Immediate cause of death

Chr. Nephritis 2 yrsDue to Chr. Myocarditis 2 yrs& DehydrationDue to Generalized 5 yrsArteriosclerosisOther conditions Similar

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

R. D. Brunson

Address

Elbridge MdDate signed 12/27/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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86
7561

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1940

1. PLACE OF DEATH:

County HowardCity or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Clarksville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Albert Groves

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1884 6. (c) If alive, give age _____ years8. AGE: Years 62 Months 9 Days 6 If less than one day _____ hrs. _____ min.9. Birthplace Howard County, Md
(Town, county, and state)10. Usual occupation carpenter

11. Industry or business _____

12. Name Millard F. Elmore Groves13. Birthplace Carroll County, Md14. Maiden name Martha Jane Day15. Birthplace Howard County, Md16. Informant Karence J. Loretta WhiteAddress 2508 Loretta Ave - Balto17. burial Date thereof 12-5-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. ZionLocation Highland, Md18. Funeral director F. C. HeggenstienAddress Ellicott City, Md.19. 12/4/46 Maria A. Whitaker
(Date rec'd by registrar) 19. 46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 2, 1946 at 8 30/AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him alive on Dec 2 19 46

Immediate cause of death

CARDIAC FAILURE

DURATION

1 hr.Due to Exposure12 hrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Address Clarksville, Md Date signed 12/4/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

12175

CERTIFICATE OF DEATH

Reg. Dist. No. 1920

1. PLACE OF DEATH:

County... Howard
 City or town... West Friendship
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 2 wks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... MD County... Howard
 City or town... West Friendship
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Minnie D. Hobbs

3. (b) Social Security Number

4. Sex... AF 5. Color or race... W 6. (a) Single, married, widowed, or divorced... Widowed
 B. (b) Name of husband or wife... Osney P. Hobbs 6. (c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.)... July 23, 1859
 8. AGE: Years... 87 Months... 5 Days... 5 If less than one day... hrs. ... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH... December 24 1946 at 8:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 22 1946, to Dec. 24 1946
 and that I last saw her alive on Dec. 21 1946
 Immediate cause of death... Acute cardiac failure DURATION 1 week
 Due to... Chronic myocarditis 10 years
 Due to...
 Other conditions... Carcinoma uterine 15 years
& metastases
 (Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.

9. Birthplace... MD (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home
 12. Name... Minna D. Hobbs
 13. Birthplace... MD
 14. Maiden name... Chase
 15. Birthplace... MD

16. Informant... Mrs. Osney Hobbs
 Address... West Friendship MD.
 17. Burial Date thereof... Dec. 27, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Harmony Cemetery
 Location... W. Cradockville, Howard Co., MD.
 18. Funeral director... C. Harry Ewer
 Address... Clarksville, MD.
 19. Dec 27 1946 Alice R. Hobbs
 (Date rec'd by registrar) Registrar

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE... Charles S. Whitaker, M.D. M. D. or other
Clarksville, MD Date signed... 12-25-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64

CERTIFICATE OF DEATH

★ 12176

Reg. Dist. No. 1930

1. PLACE OF DEATH:

County HowardCity or town Rural - near Florence
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo. - 15 da

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Rural, near Florence
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry Martin Mayne

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1946 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to Natural CauseDue to Status Thymico Lymphaticus

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE John G. Grabill - acting -Address Mtairy - Md. Date signed 12/3/46

11. Industry or business

FATHER 12. Name David Franklin Mayne13. Birthplace Howard Co. Md.MOTHER 14. Maiden name Lucille Lorraine Bloom15. Birthplace Carroll Co. Md16. Informant David F. MayneAddress Woodbine, Md.17. Burial Date thereof 12-5-1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jennings ChapelLocation Florence, Howard Co. Md.18. Funeral director E. M. WalkAddress Winfield, Md.19. 12-5- 19 46 C. Paul Mercier

(Date rec'd by registrar) Registrar

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DEC 6 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

12177

Reg. Dist. No. 1940

1. PLACE OF DEATH:

County HowardCity or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Isabelle Penn

3. (b) Social Security Number

4. Sex

F

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Velarius Penn

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July 30, 1958

8. AGE:

Years 88Months 4Days 27

If less than one day

hrs. _____

min. _____

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Brenbury Reed

13. Birthplace

md

14. Maiden name

Mary Bell

15. Birthplace

md

16. Informant

Alonso Penn

Address

West Friendship Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

12-29-46
(month) (day) (year)

Cemetery or crematory

Providence

Location

Glenside md

18. Funeral director

F.C. Negubotham

Address

Elkton City md

19.

12/29
(Date rec'd by registrar)19 46Maria A. Whitaker

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 27, 1946, at 4:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 23, 19 46, to Dec 26, 19 46and that I last saw h. er alive on Dec 26, 19 46

Immediate cause of death

Pneumonia

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles S. Whitaker M.D.

M. D. or other

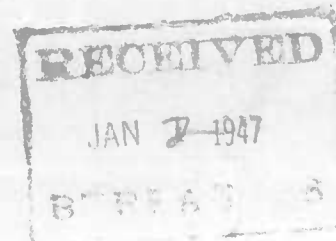
Address

CharlesvilleDate signed 12/29/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332)

CERTIFICATE OF DEATH

Reg. Dist. No. 12178/920

1. PLACE OF DEATH:

County Howard R.F.D. 1
City or town Friedrich Pike Edlicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Edlicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Friedrich Pike
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura May Ridgely

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife Henry W. Ridgely
6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 31, 1875

8. AGE: Years 71 Months 4 Days 13 If less than one day hrs. min.

9. Birthplace Fryer Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Ernest Ray

13. Birthplace Germany

14. Maiden name Barbara Heisler

15. Birthplace Germany

16. Informant Maebel Ridgely

Address Edlicott City, Md.

17. Burial Date thereof Dec. 15, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. View

Location Slacks Corner

18. Funeral director Easton Son

Address Edlicott City, Md.

19. Dec. 4 19 46 Alice R. Heist
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 13, 1946 at 3³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 19 46, to Dec. 13 19 46
and that I last saw him alive on Dec. 12 19 46

Immediate cause of death Cerebral Embolism

DURATION 1 wk

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

23. SIGNATURE Geo. R. Korman M. D. or other

Address Edlicott City Md. Date signed 12/14/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 16 1945
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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 12179 1900

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

Four View Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Four View Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma Elizabeth Rollins

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Wm Marshall Rollins

7. Birth date of

deceased (mo., day, yr.)

Mar 9 - 1878

8. AGE:

Years 68 Months 9 Days 19 If less than one day

8. Birthplace

La Plata, St. Co. Md
(Town, county, and state)

10. Usual occupation

domestic

11. Industry or business

housewife

12. Name

Morgan Thompson

13. Birthplace

Maryland

14. Maiden name

Mary Thompson

15. Birthplace

Maryland

16. Informant

Wm M Rollins Jr

Address

Elkridge Md17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Jan 2, 1947
(month) (day) (year)

Cemetery or crematory

St Mark's Cemetery

Location

Elkridge Md

18. Funeral director

Mrs Kate R Williams

Address

322 N Schwedler St19. Dec. 30

(Date rec'd by registrar)

19

46

19

46A. N. Heuser1-35HC

Registrar

Date signed

12/28/46

Address

Elkridge Md

Date signed

12/28/46

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 19 46 at 3:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 46 to Dec 28 19 46and that I last saw him alive on Dec 28 19 46

Immediate cause of death

Chr. Myo. corditis 6 yrsDiabetes mellitus 5 yrsDue to Diabetes mellitus 5 yrsDue to Chronic arteriosclerosis 5 yrsOther conditions Senility 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE A. N. HeuserAddress Elkridge MdDate signed 12/28/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly: _____

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12180

1900

1. PLACE OF DEATH: County <u>Howard</u> City or town <u>Elkridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: <u>Montgomery Rd</u> How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>Howard</u> City or town <u>Elkridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Montgomery Rd</u> (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME <u>Bessie Prescilla Snell</u>			3. (b) Social Security Number <u>none</u>		
4. Sex <u>Female</u>	5. Color or race <u>col</u>	6. (a) Single, married, widowed, or divorced <u>married</u>			
B. (b) Name of husband or wife <u>Benjamin W. Snell</u>			6. (c) If alive, give age <u>67</u> years		
7. Birth date of deceased (mo., day, yr.) <u>Aug 7 1893</u>					
8. AGE:	Years <u>33</u>	Months <u>4</u>	Days <u>21</u>	If less than one day hrs. min.	
9. Birthplace <u>Elkridge Md</u> (Town, county, and state)					
10. Usual occupation <u>Domestic</u>					
11. Industry or business <u>Housewife</u>					
MOTHER FATHER	12. Name <u>Elijah Cropper</u>				
	13. Birthplace <u>unknown</u>				
	14. Maiden name <u>Mandy Powell</u>				
	15. Birthplace <u>Maryland</u>				
	18. Informant <u>Ben W. Snell</u>				
Address <u>Elkridge Md</u>					
17. Burial <u>Burial</u> Date thereof <u>Dec 29 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year)					
Cemetery or crematory <u>Staines</u>					
Location <u>Elkridge Md</u>					
18. Funeral director <u>Wm Kate R. Williams</u>					
Address <u>322 N. Schroeder St</u>					
19. <u>12/30</u> <u>46</u> <u>City?</u> (Date rec'd by registrar) Registrar					
MEDICAL CERTIFICATION					
20. DATE OF DEATH <u>Dec 25 1946</u> at <u>9 20</u> P.					
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec 15 1946</u> to <u>Dec 25 1946</u> and that I last saw him alive on <u>Dec 25 1946</u>					
Immediate cause of death <u>Carcinoma of rt breast</u>					
Due to <u>General carcinoma</u>					
Due to <u>Myocardial infarction</u>					
Other conditions					
(Include pregnancy within 3 months of death)					
Major findings of operations <u>Carcinoma of rt breast</u>					
Date of op. <u>Dec 1946</u>					
Autopsy results <u>none</u>					
PHYSICIAN: Please underline the cause to which death should be charged statistically.					
22. VIOLENCE: If death was due to external causes, fill in the following:					
Accident, suicide, or homicide					
Where did injury occur? (City or town) (County) (State)					
Injured at home, farm, industry, public place (where?)					
Means of injury Injured at work?					
23. SIGNATURE <u>B. P. Brumby</u> M. D. or other					
Address <u>Elkridge Md</u> Date signed <u>12/24/46</u>					

RECEIVED

DEC 30 1946

BUREAU OF REVENUE

DEC 30

BUR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of month and year of birth is shown on
G 108 1/9/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 12181 1900

1. PLACE OF DEATH: Howard
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Montgomery Road
How long in hospital or institution? 2w

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. Middlewood Ave
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME James Edward Snell

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower
6. (b) Name of husband or wife Sadie Jackson
7. Birth date of Nov. 12, 1886 8. (c) If alive, give age..... years
deceased (mo., day, yr.) June 18 1946
8. AGE: Years 60 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace Elkridge, Howard Co Md
(Town, county, and state) Laborer

10. Usual occupation.....

11. Industry or business Stonemason

12. Name Nathaniel Snell

13. Birthplace Maryland

14. Maiden name Jenniah Blackston

15. Birthplace Maryland

16. Informant Benjamin N Snell

Address Elkridge Md

17. Burial Date thereof Dec 31, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Blackstone Cemetery

Location Elkridge, Md.

18. Funeral director Mrs. Katie R. Williams

Address 322 N. Schweder St

19. Dec. 31, 1946 Registrar Edmond C. Ma
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1946 at 5³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27, 1946 to Dec. 27, 1946
and that I last saw him alive on at no time 19.....

Immediate cause of death..... DURATION
Pulmonary Edema 1 1/2 hr
Due to Chronic Myocardial
Disease ?
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? Elk
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Alpha N Herbert MD
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address Elkridge Md Date signed 12 27 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

CERTIFICATE OF DEATH

12182910
Reg. Dist. No. 194

1. PLACE OF DEATH: *Howard*
County *Stenely*
City or town *Trudolph Pike*
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Howard*
City or town *Stenely* Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. *Trudolph Pike*
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME *Mary Jane Staubs*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6 (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *December 20, 1941*

8. AGE: Years *5* Months *0* Days *0* If less than one day
hrs. min.

9. Birthplace *Hagerstown Washington Co Md*
(Town, county, and state)

10. Usual occupation *Child*

11. Industry or business

FATHER 12. Name *Roy Thomas Staubs*
13. Birthplace *Pennsylvania*

MOTHER 14. Maiden name *Norma Hetzer*
15. Birthplace *Williamsport Md.*

16. Informant *Mrs. R. T. Staubs*
Address *Stenely Md.*

17. *Burial* Date thereof *12-23-46*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Powerview*
Location *Williamsport Maryland*

18. Funeral director *J. P. McG. Whitman*
Address *Ellicott City Md*

19. *Dec. 21* 19 *46* *John B. Longhuan*
(Date rec'd by registrar) Registrar *Pu. A. E. E.*

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 20 46* 19 *46* a *12:30* P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 20* 19 *46* to *Dec 20* 19 *46*
and that I last saw him alive on *at no time* 19 *-*

Immediate cause of death *Cremation* DURATION *10 min*

Due to *Fire in residence*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *12.20.46*

Where did injury occur? *Stenely Howard Md.*
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Home*

Means of Injury *Burned in fire* Injured at work? *No*

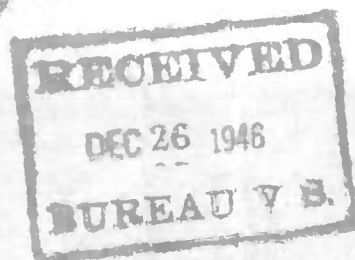
23. SIGNATURE *Alpha N Herbert M.D.*
Deputy Medical Examiner (M. D. or Physician) *12.20.46*

Address *Ellicott City Md* Date signed *12.20.46*

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12183

1910

Reg. Dist. No. 194

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

3

11

18

hrs.

min.

9. Birthplace

Blagertown, Washington Co., Md.

(Town, county, and state)

10. Usual occupation

Child

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 46

John B. Longman, Jr.

Registrar

VS-E. L.

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 20 1946 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 1946 to Dec 20 1946 and that I last saw him alive on at no time 19

Immediate cause of death

Cremation

DURATION

10 min

Due to

Fire in residence

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12-20-46

Where did injury occur?

Blindly Toward Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burned in fire Injured at work? No

23. SIGNATURE

Alpha N. Herbert

M. D. or other

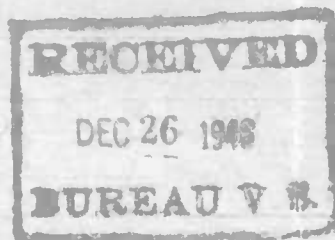
Address

Blindly Toward Md. Date signed 12-20-46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

12184

CERTIFICATE OF DEATH

Reg. Dist. No. 1910

1. PLACE OF DEATH:

County Howard
 City or town Chapin Station Ellicott City, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Ellicott City R. F. D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lula Elizabeth Surratt

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhite

6. (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age years

September 23, 1946.

8. AGE:

Years

Months

Days

If less than one day

31 hrs. min.9. Birthplace Ellicott City, Md. R. F. D.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

12. Name

Frank C. Surratt

13. Birthplace

North Carolina

14. Maiden name

McIntire Zina

15. Birthplace

North Carolina

16. Informant

Frank C. Surratt

Address

Ellicott City, Md. R. F. D.

17.

Burial Date thereof 12/25/46.
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory

Lisbon Cemetery

Location

Lisbon, Maryland.

18. Funeral director

Easton Sons

Address

Ellicott City, Maryland.

19.

Dec. 24, 1946 John B. Longman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1946 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 23, 1946 to Dec. 24, 1946and that I last saw him alive on Dec. 24, 1946

Immediate cause of death

DURATION

Bronchial Pneumonia3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John B. Longman

M. D. or other

Address

Ellicott CityDate signed 12/24/46

RECEIVED

DEC 30 1946

BUREAU 18

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

CERTIFICATE OF DEATH

12185

1950



Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Baltimore ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)Street No. Baltimore ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

James Roosevelt Williams

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 12 1929 6. (c) If alive, give age — years8. AGE: Years 17 Months 7 Days 10 It less than one day — hrs. — min.9. Birthplace Savage md
(Town, county, and state)10. Usual occupation none11. Industry or business chivald 18 yrs12. Name Eason Roosevelt Williams13. Birthplace Front Royal Va.14. Maiden name Marie Stroneider15. Birthplace Strasburg Va.16. Informant Mrs Eason R. WilliamsAddress Savage, md17. Burial Date thereof Dec 24, 1946
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Savage, Md.Location Savage, Md.18. Funeral director W. H. H. H. H. H.Address W. H. H. H. H.19. Frank Shipley, 12/24/46.
(To be filled by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1946 at 3:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1946 to Dec 22 1946and that I last saw him alive on Dec 21 1946Immediate cause of death Broncho-pneumonia 3daDue to Progressive DURATION 6 yrsDue to nutritional deficiency

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Bumbach M. D. or otherAddress Elkridge md Date signed 12/27/46

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2-35